

SERFF Tracking Number:	AXSS-127306331	State:	Arkansas
Filing Company:	AXIS Insurance Company	State Tracking Number:	49208
Company Tracking Number:	BSAS-006-0211		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	Blanket Student Accident [& Sickness]		
Project Name/Number:	Sports Benefit Rider/BSAS-006-0211		

Filing at a Glance

Company: AXIS Insurance Company

Product Name: Blanket Student Accident [& Sickness] SERFF Tr Num: AXSS-127306331 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved-Closed State Tr Num: 49208

Sub-TOI: H04.001 Student Co Tr Num: BSAS-006-0211 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Karen Pollitt, Susan Kalmus Disposition Date: 07/13/2011

Date Submitted: 07/01/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Sports Benefit Rider

Project Number: BSAS-006-0211

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Blanket

Filing Status Changed: 07/13/2011

State Status Changed: 07/13/2011

Created By: Susan Kalmus

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Form #BSAS-006-0211

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Susan Kalmus

We are filing the attached Sports Rider for use with our previously approved Blanket Student Accident [&Sickness] Policy. This rider will allow the Policyholder to provide coverage for Intercollegiate Sports, Intracollegiate Sports or Club Sports or any combination of the three in addition to the coverage provided on the underlying Policy to their students.

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The base policy was approved in your state on 3/2/2011 under SERFF Filing # AXSS-127018063.

This is a new form and does not replace any other form on file.

If you have any questions, or require any additional documentation you may contact me at (609)375-9162 or email me at susan.kalmus@Axiscapital.com.

Company and Contact

Filing Contact Information

Susan Kalmus, Product Development
Specialist
1 University Square Drive
Princeton, NJ 08540
susan.kalmus@axiscapital.com
609-375-9162 [Phone]

Filing Company Information

AXIS Insurance Company
11680 Great Oaks Way
Ste. 500
Alpharetta, GA 30022
(678) 746-9000 ext. [Phone]

CoCode: 37273
Group Code: 3416
Group Name: AXIS Specialty
FEIN Number: 39-1338397
State of Domicile: Illinois
Company Type: Property & Casualty
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXIS Insurance Company	\$50.00	07/01/2011	49322095

<i>SERFF Tracking Number:</i>	<i>AXSS-127306331</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Sports Benefit Rider/BSAS-006-0211</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/13/2011	07/13/2011

<i>SERFF Tracking Number:</i>	<i>AXSS-127306331</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Blanket Student Accident [& Sickness]</i>		
<i>Project Name/Number:</i>	<i>Sports Benefit Rider/BSAS-006-0211</i>		

Disposition

Disposition Date: 07/13/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AXSS-127306331	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	[Intercollegiate][Intracollegiate][Club]Sports Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: BSAS-006-0211

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/13/2011	BSAS-006-0211	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	[Intercollegiate][IntracInitial ollegiate][Club]Sports Benefit Rider			42.000	College Sports Rider Final 6-30-11_clean2_.pdf

[LOGO]

Underwritten by:
AXIS INSURANCE COMPANY
[303 West Madison, Suite 500
Chicago, Illinois 60606]
(A Stock Company)

Administrative Office:
[1 University Square Drive, Suite 200
Princeton, NJ 08540]

Policyholder: [ABC School]
Policy Number: [XXXXXX]
Effective Date [of this Rider]: [January 1, 2010]

[[Intercollegiate]][Intracollegiate][Club]Sports Benefit Rider

This Rider is attached to and made part of the Policy as of the Effective Date shown above. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Schedule of Benefits of the Policy for the applicability of this Rider with respect to each class of [Insured Persons][Insured Students] and each Condition of Coverage.

Rider Schedule

**[[Intercollegiate]][Intracollegiate]
[Club]Sports Benefit Rider.....Up to a Maximum per [Policy Year] [Per Injury]}...{\$1,000 - \$1,000,000}
[Deductible per [Policy Year] [Per Injury] due to covered sport.....[\$100 - \$100,000]]**

Additional Benefits

[Expanded Medical Benefit for Covered Sports Conditions	[10% to 100%] of the Rider Maximum [up to [\$2,000-\$100,000]]]
Covered Sports Conditions	[bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries]

[Heart and Circulatory Conditions	[10% to 100%] of the Rider Maximum[up to [\$2,000-\$100,000]]
Covered Heart and Circulatory Conditions	[heat exhaustion; heart attack; stroke; burst aneurysm]

[Hernia Benefit	[Lifetime Maximum up to [\$100-\$10,000]
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[HMO/PPO Denial Benefit	[10%] of Denial amount [up to [\$2,000 to \$10,000]]]
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[Pre Existing Injury Benefit	[\$50-\$25,000]
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[Catastrophic Cash Benefit	
[Initial or Lump] Sum Payment	[\$5,000 - \$500,000]
[Annual or Monthly] Payment	[\$1,000-\$50,000] or [\$500-\$5000]
[Maximum Number of [Annual or Monthly] Payments	[5-25] or [60 to 360]

[Paralysis must occur within continue for	[180 to 730 days] of a covered Accident [7-180] consecutive days]
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[Coma must begin within continue for	[30-730 days] of a covered Accident [7-180 days] consecutive days]
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[Brain Death must occur within	[30 to 730 days] of a covered Accident]
[Percentage of Benefit for one covered Injury [Coma	[25% to 100%]of the [Initial or Lump] Sum Catastrophic Cash Payment]
[Brain Death	[25% to 100%]of the [Initial or Lump] Sum Catastrophic Cash Payment]]
[Paralysis of: [Both Upper and Lower Limbs (Qualriplegia)	[25% to 100%] of the [Initial or Lump] Sum Catastrophic Cash Payment]
[Both Lower Limbs (Pariplegia)	[25% to 100%] of the [Initial or Lump] Sum Catastrophic Cash Payment]
[One Lower and One Upper Limb (Hemiplegia)	[25% to 100%] of the [Initial or Lump] Sum Catastrophic Cash Payment]
[One lower or One Upper Limb (Uniplegia)	[25% to 100%] of the [Initial or Lump] Sum Catastrophic Cash Payment]

Conditions of Coverage

Sports Coverage]

Covered Activities Coverage]

Description of Benefits

Sports Coverage

The Company will pay the benefit amount shown in the Rider Schedule, subject to all applicable conditions and exclusions, when the [Insured Person] [Insured Student] suffers a covered Injury that occurs while he is participating in or attending one of the following Sports Covered Activities:

- 1. [Regularly-scheduled practice or training;]
- 2. [Regularly-scheduled competition or exhibition game;]
- 3. [A scheduled tryout, workout session or team activity;]
- 4. [A Supervised and Sponsored Sports Activity; or]
- 5. [Covered Sports Travel.]

[Covered Sports Travel includes travel, [only within the contiguous United States, [including Alaska and Hawaii]] and only directly and without interruption:

- 1. Between home and the premises of the School;
- 2. Between home and another site designated by the School where the Sports Covered Activity is scheduled;
- 3. Between the premises of the School or other meeting place it designates, and another site where a [Sports Covered Activity] is scheduled.]]

[Travel Coverage for Overnight Supervised and Sponsored Sports Activities. Covered Sports Travel also includes travel by any Common Carrier providing transportation to a Covered Activity, [within the contiguous united States,[including Alaska and Hawaii,] when the [Insured Person's][Insured Student's] participation or attendance requires him to be away from his normal residence for a stay of one or more nights.]

Covered Activities

The Company will pay the Benefit Amount shown in the Rider Schedule, subject to all applicable conditions and exclusions, when the [Insured Person] [Insured Student] suffers a covered Injury that occurs while he is participating in Covered Activities.

[Coverage includes supervised travel to and from such [activities and] games [and practice sessions]. This included traveling to or from the [Insured Person's][Insured Student's] home, School or the Covered Activity. The covered travel time includes the period before [12-96 hours] the [Insured Person's][Insured Student's] required attendance time and the period after [12-96

hours] the [Insured person's][Insured Student's] dismissal or after the [Insured Persons][Insured Student] completes any extra duties.]

Covered [Sports] [and] [Activities] include: [Archery, Badminton, Fall Football, Spring Football, Band, Baseball, Basketball, Bowling, Cheerleading Competition, Cross Country, Cycling, Drill Team, Equestrian, Fencing, Field Hockey, Golf, Gymnastics, Ice hockey, Karate/Judo, Lacrosse, Rifle, Todeo, Rowing/Crew, Rugby, Sailing, Skiing, Soccer, Squash/Raquetball, Swimming/Diving, Tennis, Track/Field, Softball, Ultimate Frisbee, Volleyball, Water Polo, and Wrestling, [as specified by Policyholder]].

[This coverage will not be in effect during travel to or from any [Covered Sport] [Covered Activity] if:

- a) The School provides transportation to and from it for a group of two or more person; and
- b) The [Insured Person][Insured Student] is traveling to or from it by another means of transportation.]

Additional Benefits

[Expanded Medical Benefit of Sports Conditions

The Company will pay Covered Expenses incurred for the treatment of the Sports Conditions shown in the Rider Schedule if they are aggravated by [the Insured Person's] [Insured Student's] participation in a [Covered Activity] [Covered Sport].

[Termination of Benefit

This benefit will terminate at 12:01 A.M. Standard Time on the day after the team of which [the Insured Person] [Insured Student] is a member has played its last game, including post-season tournament play.]

[Heart and Circulatory Conditions

The Company will pay Covered Expenses incurred for the treatment of the Heart and Circulatory Conditions shown in the Rider Schedule if they occur and are manifested during a [Covered Activity][Covered Sport].

[Termination of Benefits

This benefit will terminate at 12:01 A.M. Standard Time on the day after the team of which [the Insured Person][Insured Student] is a member has played its last game, including post-season tournament play.]]

[Hernia Benefit

The Company will pay Covered Expenses incurred for the treatment of the Hernia shown in the Rider Schedule provided such Hernia is surgically repaired while the [Insured Person] [Insured Student] coverage is in force under this Policy provided the Injury occurs and manifested during a [Covered Activity][Covered Sport].

[HMO/PPO Denial Benefit

The Company will pay Covered Expenses incurred, up to the maximum shown in the Rider Schedule, when benefits are denied or reduced by an HMO or PPO plan because services provided to treat a Covered Expense incurred due to a [Covered Activity][Covered Sport] and were:

1. rendered by an Non-Preferred Provider;
2. or received outside of the network's service area.

If benefits are reduced rather than denied by an HMO or PPO for the reasons described above, the Company will pay an amount equal to the Covered Expense incurred less the amount paid by the HMO or PPO.]

[Pre-Existing Injury Benefit

The Company will pay Covered Expenses incurred, up to the maximum shown in the Rider Schedule, for the treatment of an aggravation or re-injury of a Pre-existing Injury incurred due to a [Covered Activity][Covered Sport].

[Catastrophic Cash Benefit

The Company will pay benefits, as shown in the Rider Schedule, subject to all applicable conditions and exclusions, if [the Insured Person][Insured Student] suffers [Paralysis,] [Coma], [Brain Death] due to a **[Covered Activity][Covered Sport]**, as described below. [The Insured Person][Insured Student] to who a Catastrophic Cash benefit is payable will be deemed Totally Disabled. If [the Insured Person][Insured Student] suffers more than one of these as a result of the same covered Injury, the largest available benefit will be payable.

[Paralysis must:

1. occur within the period shown in the Rider Schedule; and
2. continue for period shown in the Rider Schedule.]

[Brain Death must:

1. occur within the period shown in the Rider Schedule; and
2. be diagnosed by a Physician.]

[Coma must:

1. begin within the time period shown in the Rider Schedule; and
2. continue for the period shown in the Rider Schedule; and
3. be expected, as certified by a Physician, to continue for an indefinite period or end , leaving the [Insured Person][Insured Student] expecting, as certified by a Physician, to remain Totally Disabled for the remainder of His life.]

The first Catastrophic Cash Benefit, as shown in the Rider Schedule, becomes payable when the [Insured Person][Insured Student] has met the conditions specified above and remains alive. Each additional periodic payment becomes payable at the end of the period for which the last payment was made, as long as [Paralysis][Coma][Brain Death] continues and the [Insured Person][Insured Student] remains alive. The amount of each periodic payment and the period for which they are made are shown in the Rider Schedule. The Company will terminate benefits if Physician certification of [Paralysis][Coma][Brain Death] is not provided when requested.]

DEFINITIONS

Certain words used in this Rider have specific meanings. The words defined below and capitalized within the text of this Rider have the meanings set forth below. If a capitalized term is not set forth below, it may be defined in the Policy to which this Rider is attached. If a term contained in this Rider is defined in both the Policy and this Rider, the definition in this Rider shall govern.

[Brain Death means irreversible unconsciousness with a)Total loss of brain function; and b)complete absence of electrical activity of the brain, even though the heart is still beating.]

Common Carrier means a) a conveyance, including aircraft, licensed for hire to carry fare-paying passengers; or b) a transport aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.

[Coma means a profound state of unconsciousness from which [the Insured Person][Insured Student] is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered Accident, unless the state of unconsciousness results from administration of anesthesia in preparation for surgical treatment of injuries sustained in that covered Accident.]

Covered [Sports] [and] [Activities] mean any Policyholder sponsored and supervised [events and] [games] [and practice sessions] of [collegiate and] intercollegiate [activities and] sports provided for in this Policy and shown in the Schedule.

Covered Sports Travel means transportation on a bus or private passenger automobile driven by an adult with a valid drivers' license whom the School has specifically designated to transport [Insured Persons][Insured Students] to a Covered Activity.

[Heart and Circulatory] means disease or illness of the heart or circulatory system which; (a) is first diagnosed and treated while the Insured Person's Coverage under the policy is in force and occurs in a scheduled game or supervised practice, within 24 hours after the participation; and (b) the insured Person has not before such participation been medically advised of or received any medical treatment for such heart malfunction.]

[HMO – Health Maintenance Organization] means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider of service.]

[Personal Deviation means

1. [an activity that is not reasonably related to the [Insured Person's] Covered Sports Travel;] [and]
2. [not incidental to the purpose of the trip;][and]
3. [such travel or activities coincide with the [Insured Person's] Covered Sports Travel;] [and]
4. [Personal Deviation is limited to any consecutive [24-96] hour period immediately prior to, during or following such Covered Sports Travel.]]

[PPO – Preferred Provider Organization] means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non-Preferred Providers.]

[Non-Preferred Provider] means any Hospital, Physician, or other provider of health care services which is not a member of an HMO or PPO plan.]

Supervised and Sponsored Sports Activity means a Covered Activity that:

1. Takes place:
 - a.. on a School's premises during scheduled hours;
 - b. at another site at which the Covered Activity is Scheduled;
2. is sponsored, organized or otherwise provide by the School; and
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the School.

Exclusions

1. [This coverage will not be in effect during any sports activity unless it is sponsored, organized, supervised, scheduled or otherwise provided by the School named in the Rider Schedule.]
2. [This coverage will not be in effect during travel to any Covered Activity that takes place outside the contiguous united States, including Alaska and Hawaii unless the Company has agreed in advance to provide it.]
3. [This coverage will not be in effect during the [Insured Person's][Insured Student's] Personal Deviation.]
4. [Infections, except pyogenic infections caused wholly by a covered Injury;]

5. [Cysts, blisters or boils;]
6. [overexertion, heat exhaustion, or fainting;]
7. [Hernia, regardless of how caused;]
8. [Artificial aids such as crutches, braces, appliances, and artificial limbs;]
9. [injury due to acts of war, suicide or intentionally self-inflicted injury, while sane or insane; active service in the armed forces of any country; violating or attempting to violate the law; taking part in any illegal occupation; fighting or brawling except in self-defense, or loss in consequence of being legally; or under the influence of any drugs or narcotic unless administered by or on the advice of a Physician;]
10. [being legally intoxicated by having the applicable prohibited blood alcohol level in the state where the loss occurs;]
11. [Any sickness or bodily illness (Bacterial infections resulting from an Accident are covered.);]
12. [Committing or attempting to commit any illegal activity;]
13. [Services and supplies which are not Medically Necessary for the diagnosis or treatment of a covered Injury which are not recommended and approved by the attending Physician, or are in excess of the Usual and Customary Charges;]
14. [Expenses incurred for dental implants [nor for dental care, treatment, repair or replacement of sound natural teeth, except as specifically provided;]
15. [An Injury that is caused by: a) flying in an aircraft except as a fare paying passenger; b) hang-gliding or parachuting; c) travel in or upon; d) a snowmobile; e) any two-wheeled motor vehicle; f) any off-road motorized vehicle not requiring licensing as a motor vehicle; or g) any accident where the [Insured Person][Insured Student] is the operator and does not hold a valid motor vehicle operator's license (except in a driver's education program.);]
16. [Care, treatment or services provided by persons retained or employed by the Policyholder, the School, or any Immediate Family Member; or for supplies, prescriptions or medicines for or reimbursable by the Policyholder or the School, or for which a charge is not made;]
17. [Services or supplies for the treatment of an occupational Injury or sickness;]
18. [Re-injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a [12 month] period preceding the effective date of the coverage.]
19. [aggravation, during a Covered Activity, of an injury [the Insured Person][Insured Student] suffered before participating in that Covered Activity, unless the Company receives a written medical release from [the Insured Person's][Insured Student's] Physician;
20. Heart and Circulatory conditions unless specifically covered.]

[Additional Exclusions that apply to this benefit are in the Limitations and Excluded Expenses Section of the Policy.]

The President and Secretary witness this Rider:

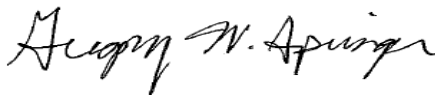
[



]

Secretary

[



]

President

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/13/2011
Comments:		
Attachment:		
Sportsriderreadability.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	07/13/2011
Bypass Reason: NA		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	07/13/2011
Bypass Reason: NA		
Comments:		


READABILITY CERTIFICATI ON

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Flesch Score
BSAS-006-0211	[Intercollegiate][Intracollegiate][Club] Sports Benefit Rider	42

Axis Insurance Company



Mary F. Quill
Vice President

July 1, 2011

Date